ED429419 1998-11-00 Violence and Aggression in Children and Youth. ERIC/OSEP Digest E572.

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Violence and Aggression in Children and Youth. ERIC/OSEP Digest E572.

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As news media detail the increasingly violent acts perpetrated by students, schools and social services throughout the country scramble to respond to the public's horror at these acts and to the widespread fear for the safety of all school children. Part of this response can include the experience and expertise of special educators, who can offer the results of careful research, much of which has been funded by the Office of Special Education Programs (OSEP), to aid communities in dealing with aggressive and violent students.

A few of the key elements that emerge from much of this research include:

- * Troubled students need habilitative services instead of haphazard punishment. A full continuum of educational, mental health, and other services should be available to them.
- * Aggressive and violent behaviors do not develop overnight and cannot therefore be ameliorated or eradicated in short periods of time.
- * The entire community is better off when troubled students are served more appropriately.
- * Schoolwide discipline policies need to be formulated and taught to all students.

WHAT TO LOOK FOR

Aggressive behavior is learned and maintained in a manner similar to other behaviors. Three important factors in behavior development and modification are modeling, positive reinforcement, and negative reinforcement. Teachers and peers may be modeling inappropriate or aggressive behavior without being aware of its undue influence on an aggressive student. Similarly, they may reinforce disruptive behaviors either positively (through attention to the student) or negatively (removal of the student from class or similar constraint allows him or her to escape or avoid what is perceived to be an aversive situation).

Aggressive students often exhibit deficits in social information processing; that is, they are likely to misinterpret social cues and misassign hostile intent to others, especially during times of stress. They are more likely than others to have some social skills deficits such as poor impulse control, low frustration tolerance, limited ability to generate alternative responses to stress, and limited insight into the feelings of self and others. Social skills training can be crucial to these students. These students also may be frequently frustrated and yet have fewer skills than others to cope with the frustration. Additional sources of frustration for these students include:

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- * Disorganized or inconsistent teachers.
- * Failure.
- * Boredom.
- * Lack of positive reinforcement.
- * Irrelevant curriculum.
- * Overexposure to punishment.
- * Feelings of powerlessness.

THE STAGES OF FRUSTRATION AND APPROPRIATE RESPONSES

- 1. Anxiety: Student sighs or uses other nonverbal cues. Teacher can respond by active listening and nonjudgmental talk.
- 2. Stress: Student exhibits minor behavior problems. Teacher can use proximity control, boost student interest, or provide assistance with assignments.
- 3. Defensiveness: Student argues and complains. Teacher can remind student of rules, use conflict resolution, and encourage student to ask for help.
- 4. Physical Aggression: Student has lost control and may hit, bite, kick, or throw objects. Teacher can escort the student from class, get help, restrain student if necessary, and protect the safety of the other children.
- 5. Tension Reduction: Student releases tension through crying or verbal venting, or student may become sullen and withdrawn. Teacher can decide whether to use supportive or punishment techniques (or both) and help the student gain insight into feelings and behavior.

HOW TO RESPOND

A nurturing, caring environment is one antidote to frustration and aggression. Teachers who are therapeutic demonstrate a high level of self-awareness and self- confidence, realistic expectations of self, and the ability to exhibit and model self-control in managing stress and frustration. Therapeutic teachers can develop the type of nurturing environment needed to establish trust and rapport with their students. Many specific strategies are available to educators to help troubled students. However, early intervention is by far the most important predictor for success. Experts agree that if comprehensive intervention is not provided by Grade 3 or 4, success in ameliorating

aggression is unlikely.

HOW TO INTERVENE

Intervention depends on many factors including the goals of the intervention. A universal screening procedure can detect signs of antisocial behavior. Once these children have been identified, there are three stages of prevention that influence the intervention strategies:

- 1. Primary prevention aims at keeping problems from emerging. First Step to Success and other commercially available curriculums can be used to divert antisocial young children from a path leading to adjustment problems.
- 2. Secondary prevention requires individually tailored interventions applied to students who show at risk status. Individual counseling and one-on-one behavior management plans are hallmarks of this stage of intervention. The Second Step is an example of a commercially available curriculum designed for these students.
- 3. Tertiary prevention involves intensive "wraparound" services that extend beyond the school building to encompass family and social support services. It is applied to the most severely at-risk students.

HOW TO PLAN

Sadly, today's educators need to be ready for acts of violence and aggression. Some overall strategies to cope with students' with aggressive and violent tendencies include: 1. Practice for a crisis. Prepare students and faculty just as they are trained for the eventuality of a fire.

- 2. Train all staff to respond to student aggression. Precise methods to be used, procedures to be followed, and role-playing should be a part of this training.
- 3. Dress appropriately. Low-heel shoes, loose-fitting garments, and the omission of sharp jewelry and dangling earrings are recommended.
- 4. Move items of value out of reach.
- 5. Establish trust and rapport with students. Although rapport alone will probably not eliminate violent or aggressive acts, it will enhance prevention and intervention procedures.
- 6. Define behavioral expectations and apply consequences for rule compliance and noncompliance. Clear identification of rules and other boundaries and consistent application of consequences can help minimize aggressive acts.

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- 7. Remain calm and in control.
- 8. Maintain a therapeutic attitude. Therapeutic adults are able to maintain a willingness to understand students and to consider their emotional fragility.

WHAT THE LAW MANDATES

The Individual with Disabilities Education Act (IDEA) Amendments of 1997 require educators to address the behavioral as well as learning problems of students with disabilities. Teams charged with developing an individualized education program (IEP) for students with disabilities are required to conduct a functional behavioral assessment and to implement behavior intervention plans that include positive behavioral interventions and supports.

These and other IDEA mandates reflect awareness by legislators and the education community of the importance of appropriate identification of student problems, accurate assessment, and positive behavior supports. The measures described are aimed at providing students who are at risk for or have committed aggressive acts with the tools to handle their frustration and aggression in alternate and socially acceptable ways.

For students with disabilities, including those who present challenging behaviors, the IDEA also addresses issues such as staff training, students bringing weapons to school, continuum of services, alternate placements, and working with a student's strengths as well as his or her weaknesses.

SOURCES:

This digest is based on the following sources: Aggression and Violence in the School [Special issue]. (1998). Preventing School Failure, 42(3). Discipline: Behavior Intervention [Special issue]. (1998). Teaching Exceptional Children, 30(4).

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